

**Provider Type 48 Home and Community Based Services Waiver
for the Frail Elderly
Reimbursement Schedule**

Date of last rate review: 1/2017

A rate review may or may not result in a change to the reimbursement rate.

The data contained in the schedule is made available to provide information and is not a guarantee by the State or the Department or its employees as to the present accuracy of the information provided herein. For example, coverage as well as an actual rate may have been revised or updated and may no longer be the same as posted on the website.

Note:

Procedure codes with a rate of \$0.00 are reimbursed at 62% of Usual and Customary charges unless noted otherwise in Nevada Medicaid policy.

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Specialty	Proc	Mod	Desc	Rate	Rate Begin
000	S5100		Adult daycare services 15min	1.67	1/1/1980
000	S5102		Adult day care per diem	40.00	1/1/1980
000	S5120		Chore services per 15 min	3.75	1/1/1980
000	S5130		Homaker service nos per 15m	3.75	1/1/1980
000	S5135		Adult companioncare per 15m	2.00	1/1/1980
000	S5150		Unskilled respite care /15m	2.50	3/2/2014
000	S5151		Unskilled respitecare /diem	65.00	1/1/1980
000	S5160		Emer response sys instal&tst	45.00	1/1/1980
000	S5161		Emer rspns sys serv permonth	40.00	1/1/1980
000	T1016		Case management	25.75	7/1/2005
036	T1016		Case management	25.75	7/1/2005
039	S5130		Homaker service nos per 15m	3.75	7/1/2003
191	S5150		Unskilled respite care /15m	2.50	3/2/2014
191	S5151		Unskilled respitecare /diem	65.00	7/1/2003
199	S5120		Chore services per 15 min	3.75	7/1/2003
202	S5160		Emer response sys instal&tst	45.00	7/1/2003
202	S5161		Emer rspns sys serv permonth	40.00	7/1/2003
208	S5135		Adult companioncare per 15m	2.00	7/1/2003
209	S5100		Adult daycare services 15min	1.67	7/1/2003
209	S5102		Adult day care per diem	40.00	7/1/2003
303	T1016		Case management	15.84	3/1/2008